County: Harrison
Permit #: 0239
Driller: McBill pump + well
Date drilling completed: 10-6-16

STATE WELL REPORT
Part 1
Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: K464
Aquifer:
E-Log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Tony Stapleton
Mailing Address: 11373 Allen Rd
Gulfport MS 39503
City State Zip Code
Telephone No. (228) 328-9174

Well or Borehole Location

Latitude: 30° 27' 6.18" N Longitude: 89° 9' 47.9" W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ NW ¼, Sec 11 T 7S R 12W
10.2 Miles East Long Beach
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-5-16 Date drilling completed: 10-6-16 Hole depth: 500 Hole diameter: 4x2
Location of the source of any surface water used for drilling: well water
Method of dosing and volume of Chlorine used in drilling and development: NA
Logs run (*circle all applicable*): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): NA
Purpose of borehole (*circle one*): (Water Well) Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (*describe*)

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (*circle all applicable*): (Home) Industrial Public Supply Irrigation Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*) Back Wash Valve
Static Water Level: 60 feet [above or (below)] land surface (*circle one*) Date measured: 10-7-16
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*):
Well depth: 500 Well grouted to a depth of: 10 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix
Casing length: 480 feet Casing diameter: 4x2 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .006 inches Setting depth: From 480 feet to 500 feet
Type of completion (*circle all applicable*): Gravel packed Underreamed Open hole (Natural Development)
Other (*describe*):
Top of lap pipe or reduction in casing: 180 feet

If telescoped or more than one screen, describe on next page

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Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT
Part 2
Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Harrison
Permit #: 0239
Driller: McGill pump & well
Date completed: 10-6-16
Copy information from block on Part 1

For Office Use Only:
Well #: K464
Aquifer:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Tony Stapleton
Mailing Address: 11373 Allen Rd
Gulfport MS 39503
City State Zip Code
Telephone No. (228) 328-9174

Well Location

Latitude: 30° 27' 6.18" N Longitude: 89° 9' 47.9" W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ NW ¼, Sec ~~K16~~ 11 T 7S R 12W
10.2 Miles East of Long Beach
(Distance) (Direction) (Nearest Town)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 10-7-16 Rated Pump Capacity: 30 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*):
Horse Power Rating of Motor: 1 1/2 Setting Depth: 100 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 10-6-16 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*):

Pump Test Data for Flowing Well N A

Measured shut in head: ____ feet.
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

Meter Installation N A

Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by:
Is This Meter (*circle one*): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael P. McGill #0239 — Print Name of Pump Installer and License No. (*if applicable*)
11/4/16 — Date
Signature of Pump Installer

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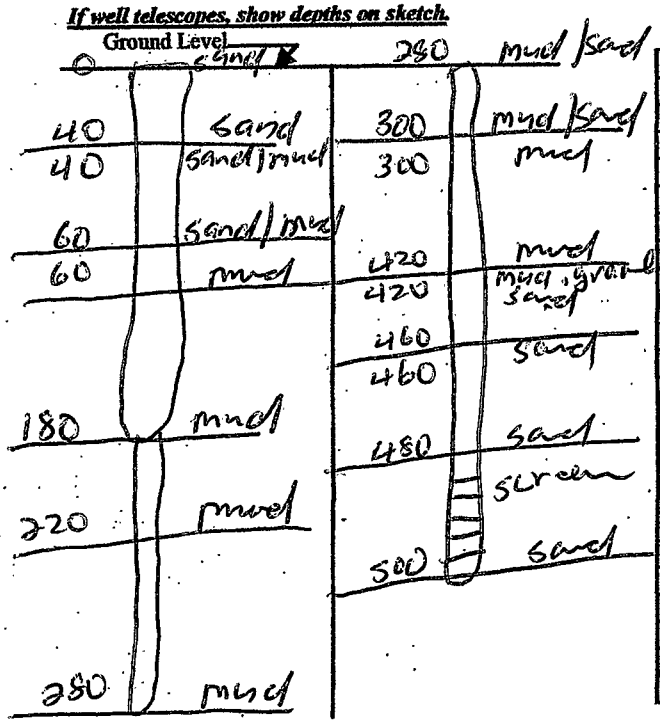
Form: OLWR-SWR-2A (4/13)

KA64

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
sand	0	40
sand / mud	40	60
mud	60	280
mud / sand	280	300
mud	300	420
sand, gravel mud	420	460
sand	460	500

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

See Back page

Landowner Name: Tony Stapleton

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Michael McNill #0239 | 11/6/16 | [signature]

Print Name of Responsible Licensee and License No. | **Date** | **Signature of Licensee**

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